



09-22-03

CASE 4-31180B

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Sept. 17, 2003

Date of Deposit

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

LÁSZLO RÉVÉSZ

APPLICATION NO: 10/601,690

FILED: JUNE 23, 2003

FOR: THIAZOLE AND IMIDAZO (4,5-B) PYRIDINE COMPOUNDS AND  
THEIR PHARMACEUTICAL USECommissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450INFORMATION DISCLOSURE STATEMENT

Sir:

This paper is being filed within three months of the filing date of the application. Therefore, no fees are required. If a fee is deemed to be required, the Commissioner is hereby authorized to charge such fee to Deposit Account No. 19-0134.

In accordance with 37 C.F.R. §1.56, applicant wishes to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.

The listed references are of record in parent Application No. 10/111,233 filed April 22, 2002, and copies are available therein. However, applicant is willing to send copies of any or all of these references at the Examiner's request.

The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

Respectfully submitted,

D. Gabrielle Brouillette  
Agent for Applicant  
Reg. No. 51,384Novartis  
Corporate Intellectual Property  
One Health Plaza, Building 430  
East Hanover, NJ 07936-1080  
(862) 778-7809

Date: SEP 17 2003

FORM PTO-1449  
(REV. 7-85)U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

## INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.  
4-31180B  
APPLICATION NO.  
10/601,690  
APPLICANT  
László Révész  
FILING DATE  
JUNE 23, 2003

Group



## U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA	5,739,143	4/14/98	Adams et al.	544	275	12/11/96
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

## FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES NO	
	AM	95/13067	5/18/95	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AN	97/05878	2/20/97	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AO	99/21555	5/6/99	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AP	00/09506	2/24/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AQ	00/63204	10/26/00	WO			<input type="checkbox"/>	<input type="checkbox"/>

## OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	Rasmussen, PubMed Abstract, Dan Med Bull, Vol. 47, No. 2, pp. 94-114 (2000).
	AS	
	AT	

EXAMINER

DATE CONSIDERED

\*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

FORM PTO-1449  
(REV. 7-85)U.S. DEPARTMENT OF COMMERCE  
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## INFORMATION DISCLOSURE CITATION

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## FOREIGN PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	CA	00/64894	11/2/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CB	00/69848	11/23/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CC						<input type="checkbox"/>	<input type="checkbox"/>
	CD						<input type="checkbox"/>	<input type="checkbox"/>
	CE						<input type="checkbox"/>	<input type="checkbox"/>
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	CJ						<input type="checkbox"/>	<input type="checkbox"/>
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	CM						<input type="checkbox"/>	<input type="checkbox"/>
	CN						<input type="checkbox"/>	<input type="checkbox"/>
	CO						<input type="checkbox"/>	<input type="checkbox"/>
	CP						<input type="checkbox"/>	<input type="checkbox"/>
	CQ						<input type="checkbox"/>	<input type="checkbox"/>
	CR						<input type="checkbox"/>	<input type="checkbox"/>
	CS						<input type="checkbox"/>	<input type="checkbox"/>
	CT						<input type="checkbox"/>	<input type="checkbox"/>
	CU						<input type="checkbox"/>	<input type="checkbox"/>
	CV						<input type="checkbox"/>	<input type="checkbox"/>
	CW						<input type="checkbox"/>	<input type="checkbox"/>
	CX						<input type="checkbox"/>	<input type="checkbox"/>
	CY						<input type="checkbox"/>	<input type="checkbox"/>
	CZ						<input type="checkbox"/>	<input type="checkbox"/>

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